Amendments to the Claims:

This listing of the claims will replace all prior versions and listings in the application.

Listing of Claims:

1-17. (Cancelled)

18. (Currently Amended) A method for creating a channel through a cardiac septal material located in a body of a patient, said body having a body vasculature, said method using a surgical device comprising a substantially elongated member, said elongated member defining a proximal region and a longitudinally opposed distal region, said surgical device also comprising an active electrode ~~energy delivery device~~ for delivering a radio-frequency electrical current ~~energy~~ to said cardiac septal material, said surgical device being usable with a grounding pad operatively coupled to said active electrode for providing a return conduction path for said radio-frequency electrical current, said active electrode ~~energy delivery device~~ being operatively coupled to said elongated member substantially adjacent said distal region, said method comprising:

introducing said surgical device into said body of said patient

positioning said active electrode ~~energy delivery device~~ at a first desired location in said body of said patient, said first desired location being substantially adjacent said cardiac septal material;

operatively positioning said grounding pad on said patient; and

~~energizing said energy delivery device; and~~

~~using the energized energy delivery device to create said channel through said material by delivering energy into said material~~

- creating said channel through said cardiac septal material by delivering said radio-frequency electrical current from said active electrode to said grounding pad, said radio-frequency electrical current being delivered through said cardiac septal material.

19. (Currently Amended) The method as claimed in claim 18 wherein positioning said active electrode ~~energy delivery device~~ comprises staining a region of said cardiac septal material substantially adjacent said first desired location and monitoring under fluoroscopy the position of said surgical device relatively to said region of said cardiac septal material.

20. (Previously presented) The method as claimed in claim 18 further comprising advancing said active electrode ~~energy delivery device~~ through said channel and out of said material to a second desired location located substantially adjacent said second material surface.

21. (Previously presented) The method as claimed in claim 20 wherein said surgical device comprises at least one depth marking and at least one radiopaque marker and wherein advancing said active electrode ~~energy delivery device~~ comprises monitoring said at least one of depth marking and said at least one radiopaque marker.

22. (Previously presented) The method as claimed in claim 20, wherein said surgical device further includes a pressure sensor operatively coupled to said elongated member for determining pressure in said body of said patient substantially adjacent said distal region, said method further comprising measuring pressure substantially adjacent said second location using said pressure sensor.

23. (Currently amended) The method as claimed in claim 22 wherein said surgical device comprises at least one depth marking and at least one radiopaque marker and wherein measuring pressure substantially adjacent said second location is performed after confirming the position of said pressure sensor ~~sensing mechanism~~ at said second

location by monitoring under fluoroscopy at least one of said depth marking and said radiopaque marker.

24. (Previously presented) The method as claimed in claim 18 wherein introducing said surgical device comprises introducing said surgical device into said body vasculature.

25. (Previously presented) The method as claimed in claim 24 wherein introducing said surgical device into said body of said patient comprises inserting said surgical device into a dilator and a guiding sheath positioned in said body vasculature.

26. (Currently amended) The method as claimed in claim 25 wherein said surgical device includes a device radiopaque marking and at least one of said dilator and said sheath includes a dilator/sheath ~~an auxiliary~~ radiopaque marking, positioning said energy delivery device comprising aligning said device radiopaque marking and said auxiliary radiopaque marking.

27. (Currently Amended) The method as claimed in claim 25 further comprising maintaining said surgical device substantially fixed relatively to said cardiac septal material and advancing said dilator and said sheath over said surgical device.

28. (Previously presented) The method as claimed in claim 25 further comprising advancing substantially jointly said dilator, said sheath and said surgical device towards said second location.

29. (Cancelled).

30. (Currently Amended) The method as claimed in claim 19 wherein said region of said cardiac septal material includes a fossa ovalis of a heart.

31. (Previously presented) The method as claimed in claim 22 wherein said pressure measured substantially adjacent said second location is a blood pressure.

32. –51 (Cancelled)

52. (Cancelled).

53. (Previously presented) The method as claimed in claim 52, wherein said cardiac septal material comprises cellular tissue and wherein said radio-frequency electrical current ~~delivering energy~~ heats said cellular tissue so as to vaporize intracellular water and cause a subsequent cell lysis.

54. (Cancelled).

55. (Currently amended) The method as claimed in claim 18, wherein said proximal region includes a proximal region material and said distal region includes a distal region material, said distal region material being substantially softer than said proximal region material.